

**2002-2003 Coordinated Compliance Review
Self-Review Assurances and Information
Special Education**

County/District Code								LEA Name
School Code								School
School Principal or Program Administrator								Telephone ()
Fax ()								E-mail address

Please complete all items per site and return to the Coordinator responsible for Special Education Self-Review Information.

- Total Number of identified students (Active IFSPs or IEPs) at your site: IFSPs _____ IEPs _____
- Record Reviews (dates) _____

Review team members:

Name (Print or Type)	Role	Signature

Assurance: I certify that a complete review has been conducted and compliance instruments applied. The findings in this report are complete and accurate and identify all items found to be noncompliant. Corrective Actions have been promptly taken to correct student and site level systemic findings of noncompliance.

Signature of School Principal or Program Administrator

Date